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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Besterman et al.

Serial No.: 09/420,692 Examiner: Epps, J.

Filed: October 19, 1999 Group Art Unit: 1635

Entitled: MODULATION OF GENE EXPRESSION BY COMBINATION THERAPY

Attorney
Docket No.: MET-015

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Assistant Commissioner for Patents
Washington, DC 20231

FEB 27 2002

TECH CENTER 1600/2900

RESPONSE

Dear Sir:

In response to the Office Action mailed September 20, 2001, Applicant hereby elects Group I (Claims 1-6, 11-41 and 46-50). Please cancel Claims 7-10 and 42-45. Inventorship is not affected by the election of Group I.

A Petition and the appropriate fee for a 3 month extension of time up to and including January 20, 2002 are filed herewith.

Respectfully submitted,

Dated: 28 January 2002

Wayne A. Keown, Ph.D.
Registration No. 33,523
Attorney for Applicants

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Woburn, MA 01802
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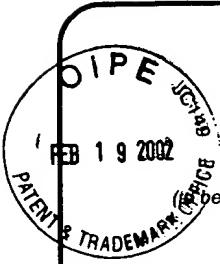
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J. S. Melanukogore

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1645

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TRANSMITTAL FORM

(be used for all correspondence after initial filing)

Application Number	09/420,692
Filing Date	10/19/1999
First Named Inventor	Besterman
Group Art Unit	1645
Examiner Name	Epps, J.

Total Number of Pages in This Submission

5

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Attorney Docket Number MET-015 (1002/016)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
1. Return postcard 2. Change of Correspondence Address		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Wayne A. Keown, Ph.D.
Signature	
Date	28 January 2002

CERTIFICATE OF MAILING

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